

BENEFICIARY'S NAME: MICHAEL D KARASCHAK

Your Social Security benefits will increase by 0.3% percent in 2017 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much Will I Get And When?

- | | |
|---|----------|
| • Your monthly amount (before deductions) is | \$977.00 |
| • The amount we deduct for Medicare medical insurance is | \$0.00 |
| (If you did not have Medicare as of November 17, 2016,
or if someone else pays your premium, we show \$0.00.) | |
| • The amount we deduct for your Medicare prescription drug plan is | \$0.00 |
| (We will notify you if the amount changes in 2017. If you did not elect
withholding as of November 1, 2016, we show \$0.00.) | |
| • The amount we deduct for voluntary Federal tax withholding is | \$0.00 |
| (If you did not elect voluntary tax withholding as of
November 17, 2016, we show \$0.00.) | |
| • After we take any other deductions, you will receive | \$977.00 |
| on or about Jan. 3, 2017. | |

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at ***www.godirect.org*** online.

What If I Have Questions?


- Visit our website at ***www.socialsecurity.gov*** for more information about Social Security.
 - Call us toll-free at **1-800-772-1213** (TTY **1-800-325-0778**) if you have questions. If you
-

Social Security Administration

Date: March 10, 2017
Claim Number: XXX-XX-2934C2



009731 1 AB 0 403 P002 T0022 LTR BEV 0310

 STACEY KARASCHAK FOR
██████████ KARASCHAK
424 S SUMMIT ST
DERRY PA 15627-1438

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2016, the full monthly Social Security benefit before any deductions is \$ 196.40.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$ 196.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).



If You Have Questions

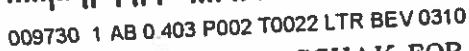
We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 877-748-9768. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
122 W 3RD STREET

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If You Have Questions

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**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

IN RE:)	Bankruptcy No.: 17-20812-CMB
)	Chapter 13
Stacey D. Karaschak,)	
)	
Debtor.)	

VERIFICATION STATEMENT

I, Stacy D. Karaschak, hereby state as follows:

1. I am unemployed.
2. Currently, my only source of income is monthly food assistance totaling \$431.00.

I declare under penalty of perjury that I have read the foregoing statement, and it is true and correct to the best of my knowledge, information and belief.

/s/Stacey D. Karaschak
Stacey D. Karaschak
Debtor